

CLAIMS ONLY				Application Number <div style="border: 1px solid black; padding: 2px; text-align: center; font-size: 1.2em;">10730387</div>	Filing Date	
				Applicant(s)		
* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3					
Total Depend	23					
Total Claims	26					

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3					
Total Depend	23					
Total Claims	26					

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Total Claims						